

ATR Ohana Locator Form

On this form we collect information that will help us locate you when it is time for your GPRA six (6) month follow-up screening interview. The information you give us will be kept in your file and will be available to all ATR Ohana agencies you choose to work with and the program staff member who are assisting you with your treatment or recovery. **We will not tell any person we contact, as authorized in this document, anything except that you have been asked to participate in a health/wellness study.**

Name: _____
First Middle Last (Maiden)

Date of Birth: ___/___/___ Where were You Born? _____
City, State

Other names, nicknames or aliases: _____

Drivers license # _____ State _____

Residence address: _____
Street Address and/or PO Box (If PO Box get directions to house)

City, ZIP

How long have you lived here? _____ Do you plan to move anytime soon? _____

(If yes) Do you know where? _____

Home Phone (____) _____ Cell Phone _____ Email: _____

Who else lives there? Name: _____
First Middle Last Relationship

Name: _____
First Middle Last Relationship

Best mailing address where mail can always reach you:

Street Address and/or PO Box

City, ZIP
Who lives there?

Name: _____
First Middle Last Relationship

Name: _____
First Middle Last Relationship

Work Phone: (____) _____ Name of Work Place; _____

Do you have friends or relatives who usually know how to reach you if you should move or leave the program?

Name: _____
First Middle Last Relationship

Street Address and/or PO Box

City, ZIP

Phone (____) _____ Cell phone (____) _____ Email: _____

Name: _____
First Middle Last Relationship

Street Address and/or PO Box

City, ZIP

Phone (____) _____ Cell phone (____) _____ Email: _____

Name: _____
First Middle Last Relationship

Street Address and/or PO Box

City, ZIP

Phone (____) _____ Cell phone (____) _____ Email: _____

I give my permission to contact the people above in order to locate my whereabouts.

Signature of Client/Date

Signature of Parent/Guardian/Date

(Mahalo for participating: the GPRA six (6) month follow-up screening is one of the few things we ask you in return for the free Hawaii ATR Ohana services you are receiving. It is very important that we be able to find you. Please provide us with the most accurate information possible).